# **AUTHORIZATION FOR OVER-THE-COUNTER (OTC) MEDICATION ADMINISTRATION 2020-2021**

### THIS FORM MUST BE RENEWED ANNUALLY

Student Name		Date of Birth	Grade 11 12
Last	First		
Medication Allergies		Describe reaction	
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## **ALL STUDENTS**

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The Perpich Residence Hall health office and the Perpich school health office will have the below listed medications available. However, medications will not be given without parent/guardian consent for students under 18 years of age. If you wish for your student to have additional over the counter products, please list them and specify the dose and frequency (you will have to provide the dorm and/or the school with a supply of these medications). All medications, over the counter products, and nutritional supplements brought to campus must be registered and stored in either the dormitory health office or the school health office.

Please check "yes" or "no" to allow your student to take OTC medication.

Over-the-counter medication dispensed per package directions:	Indications:	Yes	No
Acetaminophen 325 mg tablet (Tylenol type generic) or 500 mg	Pain reliever/fever reducer		
tablet			
Bacitracin topical ointment or petroleum jelly	Infection prevention/minor cuts/scrapes		
Chewable antacid (Tums type generic)	Upset stomach		
Cough drops/lozenges	Cough or sore throat		
Decongestant (Dayquil or generic brand)	Congestion		
Diphenhydramine 25 mg tablet (Benadryl type generic)	Allergies/rash		
Mucinex or generic guaifenesin	Expectorant for congestion		
Ibuprofen 200 mg tablet (Advil type generic) (up to 2 at a time)	Pain reliever/fever reducer		
Pepto-Bismol or generic anti-diarrheal tablets	Upset stomach and/or diarrhea		
Loratadine 10 mg tablet (Claritin type generic)	Allergy symptom relief		
Magnesium citrate liquid	Minor case of constipation		
Sterile eye drops/sterile eye moisture gel/sterile saline flushing	Dry eye/eye irritation		
solution			

## Please add below any other OTC medications you will provide for your student.

Do not list prescription medications in this location-Use the <u>Authorization for Prescription Medications</u> form for all prescription medications.

Over-the-counter medication dispensed per package directions	Indications	Yes	No

I give permission for the medication(s) listed above to be given to my student according to manufacturer label directions and administration by designated personnel as delegated by the school nurse. Students in the State of Minnesota may sign their own health care form if they are 18 or older.

<sup>\*</sup>Nonprescription medication will only be dispensed per package directions. Doses outside the range listed on the label will only be given if we have written and signed authorization by your student's licensed health care provider and you.

<sup>\*</sup>Aspirin containing products will not be administered without written and signed authorization from parent/guardian and your student's licensed health care provider due to safety reasons.



Date

(Updated 3/5/20)